PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10706669

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			1/5	113				RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			//3minus 20= * <			3		X\$ 9=	·	OR	X\$18=	1674
INDEPENDENT CLAIMS			7 minus 3 = * 4					X43=		OR	X86=	244
ML	JLTIPLE DEPEN	NDENT CLAIM PE	RESENT					+145=		OR	+290=	<i></i>
*,lf	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	ı	TOTAL		OR	TOTAL	2288
	C		MENDED - PART II								OTHER SMALL	
	T	(Column 1)		(Colum		(Column 3)	1 -	SMALL		OH :	SINALL	
ENT A		REMAINING AFTER AMENDMENT	:	NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* .	Minus	***		-		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF ML	JLTIPLE DEP	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		. (Column 1)		(Colum	nn 2)	(Column 3)	•	40011.1 LL .			noo	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		XS 9=		OR	X\$1.8=	
AME	Independent	*	Minus ·	***		=		X43=		OR	X86=	
لــا	FIRST PHESE	NTATION OF MIC	JLTIPLE DEP	ENDENT	CLAIM		1	+1,45=		OR	+290=	
•							. L .	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₽ M	Total	*	Minus	**		. =		X\$ 9=	· .	OR	X\$18=	
ME.	Independent	*	Minus	***		=		X43=			X86=	
⁴	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	IPLE DEPENDENT CL						OR		<u> </u>
								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	